fectious diarrhea and the influenzalike illnesses. During mass gatherings, such as international sports events or political conferences, we should enhance this system.

Planning Syndromic Surveillance for the Athens 2004 Olympic Games: a Pilot Study

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As part of the preparation for the epidemiological surveillance during the 2004 Olympics, a pilot study was conducted during July and August 2002 to assess the feasibility and value of a syndromic surveillance network in the Greek health care system environment. The points of data collection were the emergency departments (EDs) of 14 hospitals in the greater Athens metropolitan area, 3 more cities hosting Olympic games, as well as one major primary health care facility close to Athens and the Olympic athletic facilities. The Hellenic Center for Infectious Disease Control (HCIDC) staff visited participating sites daily to review chief complaints and preliminary diagnoses recorded in ED books and to collect information on a specially designed form for ED encounters representing 1 of 12 public health syndromes of interest. All data from the facilities were faxed to the HCIDC Office of Olympic Games and an analysis report was produced daily. HCIDC staff, in collaboration with infection control nurses, conducted follow-up investigations on a number of cases for verification of condition. The syndromic surveillance network was well accepted in the participating facilities, and expanding it to cover all major public hospitals of the Athens metropolitan area and other cities is deemed feasible. This will require custom-designed procedures for data collection for each health care facility, as well as additional training of ED personnel. The system is currently being evaluated regarding sensitivity and specificity and is expected to be fully operational at least 6 months before the 2004 Olympics.

Syndromic Surveillance: an Applied Tool for Monitoring Health Effects of Colorado Wildfires, Summer 2002

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Summer fires near Denver, Colorado, caused significant pollution, but were they associated with appreciable change in health care utilization (HCU)? Would a syndromic surveillance system detect an HCU change during the 26 days until fire containment? HCU for Denver Health (DH), an integrated safety net hospital serving 150,000 citizens, was compared for 2002 ("later") to the preceding 4 years (1998–2001, the "earlier" period). Chief complaint data for patients presenting to the ED and *International Classification of Diseases, 9th Revision* (*ICD-9*)–coded diagnoses for encounters to 3 urgent/emergent care (UC) and 23 outpatient (OP) facilities were analyzed. Daily visit rates (per 100 visits) for chief complaints (i.e., cough, shortness of breath, and breathing difficulties [RESP] and "asthma") and *ICD-9*–coded asthma visits were calculated and compared using a t test and cumulative sums (CUSUM). Mean daily ED visits were 179 versus 168 (earlier vs. later, respectively). ED chief complaint rates were 0.030 versus 0.042 (RESP, $P < .001$) and 0.013 versus 0.010 ("asthma", $P = .13$) for the earlier versus later periods, respectively. Mean daily *ICD-9*–coded visits were 281 versus 283 (UC) and 1,410 versus 1,383 (OP) earlier versus later periods, respectively. Asthma visit rates were 1.31 versus 1.01 (UC, $P = .04$) and 0.57 versus 0.44 (OP, $P = .11$),